

Level _____ Type _____ -
 Start Date _____ End Date _____
 Course # _____ Location _____



Idaho EMS Bureau

TRAINING COURSE MAKE UP & REMEDIATION SHEET

(for instructor use)

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

9/06

I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____
 <coordinator first name & coordinator last name>